

Exhibit B

**SPRINGFIELD SPORTS – EMERGENCY
MEDICAL CORPORATION**

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February 2, 2021

Brian Zeiger, Esquire
LEVIN & ZEIGER, LLP
Two Penn Center, Suite 620
1500 John F. Kennedy Boulevard
Philadelphia, PA 19102

Re: Ada Anglemeyer
Date of Incident: 2/23/2018

Dear Mr. Zeiger:

As you are already aware, Ada Anglemeyer sustained multiple injuries in a police raid that occurred on 2/23/2018.

Medical records, reports, and diagnostic studies were reviewed regarding the above case, including the following:

1. Amended Civil Complaint, Eastern District of Pennsylvania;
2. Plaintiff Answers to Interrogatories of Defendants (8/10/2020);
3. Paramedic/EMS records and reports, Bushkill Township Volunteer Fire Company (2/23/2018);
4. Emergency medical records and reports, St. Luke's Hospital-Anderson (2/23/2018, 2/28/2018);
5. Undated photograph (1) Ada Anglemeyer with chipped front teeth;
6. Physical therapy/occupational therapy records and reports, Coordinated Health Rehabilitation;
7. Dental records: Bernard D. Servagno, DMD, M.Sc; William D. Ferster, DMD; Snigdha Srivastava, DDS
8. Pennsylvania State Police Special Emergency Response Team Warrant Service Plan (2/15/2018);
9. Deposition transcript, Ada Anglemeyer (11/5/2020);
10. Deposition transcript, Richard Anglemeyer (11/5/2020);
11. Deposition transcript, Renea Kluska (12/18/2020);
12. Deposition transcript Kierra Kluska (12/18/2020);

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13. Deposition transcript, Sergeant Mark Rowlands (12/18/2020);
14. Deposition transcript, Corporal Brian King (10/1/2020);
15. Deposition transcript, Corporal Jason Pelotte (8/27/2020);
16. Deposition transcript, Trooper Matthew Wysocky (10/1/2020);
17. Deposition transcript, Trooper Peter Del Gaizo (10/1/2020);
18. Desk Memorandum/Personnel Investigation-IAD #2018-0210.

By way of review, Ada Anglemeyer was 76 years of age when, on 2/23/2018, she was assaulted by police officers and troopers during a police raid. She was hit in the face and pushed to the ground by a policeman using a police shield during the attack. According to the records, she fell flat onto her back. Her history was significant for a fairly recent surgical procedure to her back that amounted to a posterior lumbar fusion at L4-5 with hardware placement completed on 10/18/2017. Her back pain had intensified from this incident. In addition, when her face hit the ground, 2 of her front teeth were broken. While she was in the emergency room, she exhibited dental fractures on the 2 front teeth with the most significant fracture being the left front tooth with exposed dentin and circular canal centrally as seen on the provided photographs of the patient's face. In addition, the patient exhibited diffuse lumbar tenderness with a well-healed midline incision. He was provided a hydromorphone injection in the office and prescribed penicillin for the fractured teeth after discharge from the ER. X-ray of the lumbar spine was completed revealing a compression fracture of the superior endplate of L2 and intact/satisfactory positioning of the orthopedic hardware noted at the L4-5 posterior fusion level. X-ray of the pelvis and hips revealed no evidence of fractures. Calcium hydroxide paste was applied to her fractured teeth and the patient was referred to the Easton Dental Center for outpatient follow-up.

The patient returned to the St. Luke's Hospital ED on 2/28/2018 with a primary complaint of abdominal pain with ongoing chronic lower back pain that have been worse since she sustained the fracture on 2/23/2018. CT scan of the abdomen and pelvis with contrast revealed the stable postsurgical changes of the spine at L4-5, a stable L2 superior endplate compression fracture, and moderate fecal stasis. She was discharged with a diagnosis of closed fracture of the second lumbar vertebrae, and constipation. A CT scan of the lumbar spine was also completed essentially substantiating the lumbar spine findings seen on the CT scan of the abdomen and pelvis. Unfortunately during the ED visit, the patient sustained an injury to her right ulnar nerve while attempting intravenous access. As described in the records, the catheter puncture into the right volar elbow "hit a nerve making it send an electrocution down my arm in my hand. Why do I have to feel like this?".

Initial post 2/13/2018 orthopedic evaluation was completed by Christopher Wagener, MD on 3/6/2018 with the patient complaining of lower back pain and left buttocks pain and bruising down the left leg. The history of the police assault was documented. Significant bruising was noted over the left buttocks down to the knee. The patient complained of significantly increased pain as a result of this injury, and it was noted that she had sustained a new L2 compression fracture. An updated x-ray revealed the fracture to be stable and condition, and it was noted that the posterior lumbar fusion hardware was stable without signs of loosening. An MRI study of the pelvis and left hip were ordered at that time.

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The patient returned to Dr. Wagener on 3/20/2018 where the MRI study of the pelvis and left hip revealed a large gluteus maximus hematoma, and addition to the previously noted compression fracture at L2. The patient was instructed to continue to wear the lumbar support brace for stability and he recommended rest. On the 6/1/2018 follow-up visit, the patient was instructed on home strengthening and instructed to continue using her walker. The patient returned on 9/7/2018 again with lower back pain. An updated x-ray of the lumbar spine was completed showing no evidence of acute fractures or dislocations, all hardware was intact, and the L2 fracture remained stable. The patient had reported several falls prior to arrival on this visit. And, on the final orthopedic 10/12/2018 office visit with Dr. Wagener, the patient was referred for possible epidural steroid injections for pain and possible consideration for other nonoperative treatments. She was discharged by Dr. Wagener on this visit with instructions to follow-up as needed.

The patient continued with right arm and hand pain that, according to the hand orthopedic surgical records of Lawrence Weiss, MD, started after the IV puncture attempt into the right elbow that occurred on 2/28/2018 at the St. Luke's Hospital ED. The patient was taken to the Surgery Center of Allentown on 6/18/2018 for a right elbow exploration of the ulnar nerve and subsequent submuscular ulnar nerve transposition with flexor pronator lengthening procedure. The pre-and postoperative diagnosis included: Right elbow ulnar neuropathy, right arm and hand pain, history of puncture wound, right medial brachial level.

Postoperative physical and occupational therapy to the right arm and hand was completed for approximately 4 months from 7/3/2018 until 11/7/2018. During that time frame, it was documented in the OT records that the patient had consistently reported that she had injured her right elbow during the 2/23/2018 police raid. Therapy was provided by the physical and occupational therapists at the Coordinated Health Rehabilitation. Although the treatment yielded some improvement, the patient continued to be symptomatic about her right upper extremity.

A telemedicine interview was completed with the patient on 2/1/2021 for 25 minutes from 11 AM until 11:25 AM. During the interview, the patient reported a history of the 2/23/2018 incident consistent with that documented above. She noted ongoing lower back pain that has become significantly worsened to the point that, as per the orthopedic surgeon Dr. Wagener, the patient sought subsequent treatment with pain management specialists that included injections of trigger points by Dr. Faulker, and then Dr. Tarikh, followed by an epidural injection approximately one week ago into the lumbar spine by Dr. Tarikh. The patient also noted that her dental problems continued with infections in the broken teeth into the upper gums that required oral/dental surgical intervention, and she is continuing with follow-up dental care as far as her fracture to front teeth. As noted in the records, the patient has required placement of porcelain crowns over her two fractured teeth. She reported continued persistent bad taste as a result of the infections caused by the broken teeth. Regarding her right hand and forearm, the hand continues to remain numb into the ring and little fingers with cramping of the hand on a regular basis even since the surgery. On further questioning regarding trauma to the right elbow during the 2/23/2018 police raid, she reported unequivocally that she struck her elbow when she went backwards when pushed down by the police officer. (On questioning, was somewhat confused

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regarding specific events in the 2/23/2018 as opposed to the 2/28/2018 ED visits.) No additional traumatic events were reported by the patient during the telemedicine interview. She is continuing with additional injections into her lumbar spine searching for relief from her lower back pain (and the patient reported there was a significant increase in her lower back pain ever since the compression fracture incident during the 2/23/2018 police assault).

Her past medical history was significant for chronic kidney disease, coronary artery disease, GERD, hypertension, and chronic pain. Her past surgical history was significant for a cholecystectomy, tonsillectomy, partial hysterectomy, bunionectomy, knee cartilage surgery, carpal tunnel release, and lumbar fusion at L4-5 with persistent right foot drop. In addition, she underwent ulnar nerve transposition surgery to her right elbow on 6/15/2018. Her medication list included gabapentin, omeprazole, and oxycodone, and she is not allergic to any medications. Her family history was significant for Alzheimer's disease, hyperlipidemia, and ovarian cancer. In her social history, she denied smoking cigarettes, using recreational drugs, but she does consume alcoholic beverages on rare occasions ("1-2 drinks a year").

Based upon my 2/1/2021 teleconference with Ms. Anglemeyer, taking into consideration the information provided in the above-noted medical records, reports, and diagnostic studies, it is my opinion at this patient suffered, to a reasonable degree of medical certainty, the following injuries during the 2/23/2018 police raid/assault:

1. Two fractured teeth: upper frontal incisors;
2. Compression fracture, L2 vertebrae;
3. Aggravation, degenerative disc and joint disease of the lumbosacral spine;
4. Left gluteal hematoma;
5. Posttraumatic right cubital tunnel syndrome, status post cubital tunnel decompression surgery (6/18/2018).

This patient suffered severe, significant, and permanent injuries during the 2/23/2018 police raid as documented above. Her prognosis is poor for complete recovery for the progressive lower back pain that resulted from the L2 compression fracture, the right arm pain secondary to the posttraumatic CTS, and her 2 fractured teeth with recurrent infection. She has not yet reached maximal medical improvement as she continues to receive dental treatment, spinal injection therapy, high-dose opioid pain medicine, and the painful memories of the police force attacking her family that she describes so vividly.

Please be advised that it is my opinion that the treatment rendered to this patient documented above that was provided to the above-noted list of related diagnoses, including the associated medical billing and charges, were reasonable, medically necessary, and causally related to the 2/23/2018 police assault/raid. Finally, it is my opinion that the pathologies listed above, including the above-noted long-term sequela, are all a direct result of the injuries sustained in the police assault that occurred on 2/23/2018 as described above.

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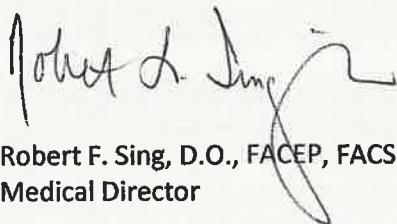
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All of the above opinions are stated to a reasonable degree of medical certainty.

If I can be of further assistance, please feel free to contact me.

Very truly yours,
Sports Science Center

A handwritten signature in black ink, appearing to read "Robert F. Sing", with a stylized flourish at the end.

Robert F. Sing, D.O., FACEP, FACSM
Medical Director